

EXHIBIT 17

Application for Tax Paid Transfer and Registration of Firearm

ATF Control Number

SUBMIT in DUPLICATE

1. Type of Transfer (Check)

☐ \$5 ☒ \$2

Submit the appropriate
The tax may be paid by c
order. Please compl
the application, we w
National Firearms Act



Act Division

Alcohol, Tobacco, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015

2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d)

JASON ANTHONY WILLIAMS
5016 WYNNEFORD WAY
RALEIGH, NC 27614



ation.
money
val of
quired
and 3)

☐ Corporation

☐ Other Legal Entity

☒ Individual

☐ Trust

2b. County/Parish
WAKE

3a. Transferor's Full Legal Name and Address (Include trade name, if any)
(Executors: see instruction 2l)

CAROLINA GUNRUNNERS LLC
1141 FALLS RIVER AVENUE SUITE 110
RALEIGH, NC 27614

3b. E-mail address

HIHIE7@WHERESEMYCAN.COM

3c. Transferor's Telephone (Area Code and Number)

(919) 803-4605

3d. If Applicable: Decedent's Name, Address, and Date of Death

3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises)
If Different from Item 3a.

The above-named and undersigned transferor hereby makes application as required by Section 5812 of the National Firearms Act to transfer and register the firearm described below to the transferee.

4. Description of Firearm (Complete items a through h) (See instruction 2n)

a. Name and Address of Maker Manufacturer and/or
Importer of Firearm

SILENCERCO, LLC
5511 SOUTH 6055 WEST
WEST VALLEY CITY, UT 84118

b. Type of Firearm (see definitions 1c)

SILENCER

c. Caliber or
Gauge

.300

d. Model

OMEGA

e. Barrel Length:
N/A

f. Overall Length:
7.75

g. Serial Number
OMG-65910

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)

5. Transferee's Federal Firearms License (if any) or Explosives License or Permit Number

(Give complete 15-digit number) (See instruction 2c)

| First 6 digits | 2 digits | 2 digits | 5 digits |
|----------------|----------|----------|----------|
| 156183 | 01 | 1A | 06915 |

6. Transferee's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

8. Transferor's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

45-3183358

3

Under Penalties of Perjury, I Declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete, and that the transfer of the described firearm to the transferee and receipt and possession of it by the transferee are not prohibited by the provisions of Title 18, United States Code; Chap 44; Title 26, United States Code; Chap 53; or any provisions of State or local law.

9. Signature of Transferor (Or authorized official)

James Mccomas

10. Name and Title of Authorized Official (Print or type)

JAMES MCCOMAS, NFA MANAGER

11. Date

5/6/2020

The Space Below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By Authority of The Director, This Application Has Been Examined, and the Transfer and Registration of the Firearm Described Herein and the Interstate Movement of that Firearm, When Applicable, to the Transferee are:

Stamp Denomination

☒ Approved (With the following conditions, if any)

☐ Disapproved (For the following reasons)

Signature of Authorized ATF Official

Keri Hinzman

OCT 08 2020

Previous Editions Are Obsolete

ATF Copy 2 - To Be Returned To Registrant

ATF Form 4 (5320.4)
Revised September 2019

Transferee Certification

12. Law Enforcement Notification (See instruction 2f)

The transferee is to provide notification of the proposed acquisition and possession of the firearm described on this Form 4 by providing a copy of the completed form to the chief law enforcement officer in the agency identified below:

NCDOJ, OFFICE OF THE ATTORNEY GENERAL

JOSH STEIN, ATTORNEY GENERAL

Agency or Department Name
**9001 MAIL SERVICE CENTER
RALEIGH, NC 27699**

Name and Title of Official

Address (Street address or P.O. Box, City, State and Zip Code) to which sent (mailed or delivered)

Information for the Chief Law Enforcement Officer

This form provides notification of the transferee's intent to acquire and possess a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from acquiring or possessing a firearm, please contact the NFA Division at (304) 616-4500 or NFA@atf.gov. A "Yes" answer to items 14.a. through 14.h. or 18.d. or 18.e. could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the transfer or possession of the firearm is in violation of State or local law.

13. Transferee Necessity Statement (See instruction 2e)

I, **JASON ANTHONY WILLIAMS**, have a reasonable necessity to possess the machinegun, short-barreled rifle,

(Name and Title of Transferee)

short-barreled shotgun, or destructive device described on this application for the following reason(s)

INVESTMENT AND ALL OTHER LAWFUL PURPOSES

and my possession of the device or weapon would be consistent with public safety (18 U.S.C. § 922(b) (4) and 27 CFR § 478.98).

Transferee Questions (Complete Only When Transferee is An Individual)

14. Answer questions 14.a. through 14.h. Answer questions 16, 17, 18, 19 and 20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. (See instruction 7b and definitions)

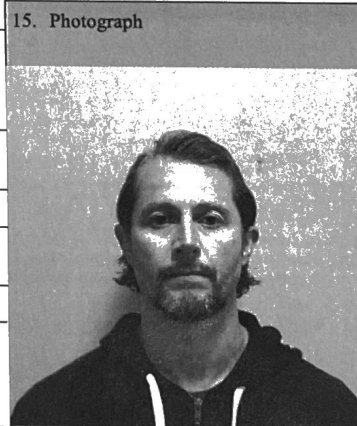
| | Yes | No |
|---|-----|-------------------------------------|
| a. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition 1m) | | <input checked="" type="checkbox"/> |
| b. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition 1m) | | <input checked="" type="checkbox"/> |
| c. Are you a fugitive from justice? (See definition 1s) | | <input checked="" type="checkbox"/> |
| d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside. | | <input checked="" type="checkbox"/> |
| e. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions 1n and 1o) | | <input checked="" type="checkbox"/> |
| f. Have you been discharged from the Armed Forces under dishonorable conditions? | | <input checked="" type="checkbox"/> |
| g. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition 1p) | | <input checked="" type="checkbox"/> |
| h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1q) | | <input checked="" type="checkbox"/> |

17a. Ethnicity ☐ Hispanic or Latino ☒ Not Hispanic or Latino

17b. Race ☐ American Indian or Alaska Native ☐ Black or African American ☒ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Date of Birth:

03/11/1974



18a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1r)

☒ United States of America

☒ Other Country/Countries (specify): **UNITED KINGDOM**

18b. State of Birth **NEW YORK**

18c. Country of Birth **UNITED STATES OF AMERICA**

| | Yes | No |
|---|---|-------------------------------------|
| d. Have you ever renounced your United States citizenship? | | <input checked="" type="checkbox"/> |
| e. Are you an alien illegally or unlawfully in the United States? | | <input checked="" type="checkbox"/> |
| f.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa? | | <input checked="" type="checkbox"/> |
| f.2. If "yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application | <input checked="" type="checkbox"/> N/A | |

19. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or 194#):

20. Have you been issued a Unique Personal Identification Number (UPIN)? (See instruction 2h) ☐ Yes ☒ No If yes please list

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Revised September 2019

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CERTIFICATION: Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 12, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of transferee.

Signature of Transferee

5/6/2020

Date

21. Number of Responsible Persons (see definitions) associated with the transferee trust or legal entity 0

22. Provide the full name (printed or typed) below for each Responsible Person associated with the applicant trust or legal entity (if there are more Responsible Persons than can be listed on the form, attach a separate sheet listing the additional Responsible Person(s)). Please note that a completed Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 4 application for each Responsible Person.

Full Name

Full Name

Important Information for Currently Registered Firearms

If you are the current registrant of the firearm described on this form, please note the following information.

Estate Procedures: For procedures regarding the transfer of firearms in an estate resulting from the death of the registrant identified in item 2a, the executor should contact the NFA Division, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

Change of Address: Unless currently licensed under the Gun Control Act, the registrant shall notify the NFA Division, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the address in item 2a.

Change of Description: The registrant shall notify the NFA Division, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description of the firearm(s) in item 4.

Interstate Movement: If the firearm identified in item 4 is a machinegun, short-barreled rifle, short-barreled shotgun, or destructive device, the registrant may be required by 18 U.S.C. § 922(a)(4) to obtain permission from ATF prior to any transportation in interstate or foreign commerce. ATF Form 5320.20 can be used to request this permission.

Restrictions on Possession: Any restriction (see approval block on face of form) on the possession of the firearm identified in item 4 continues with the further transfer of the firearm.

Persons Prohibited from Possessing Firearms: If the registrant becomes prohibited from possessing a firearm, please contact the NFA Division for procedures on how to dispose of the firearm.

Proof of Registration: A person possessing a firearm registered as required by the NFA shall retain proof of registration which shall be made available to any ATF officer upon request.

Paperwork Reduction Act Notice

This form meets the clearance requirements of the Paperwork Reduction Act of 1995. The information you provide is used in applying to transfer serviceable firearms taxpaid. Data is used to identify transferor, transferee, and firearm, and to ensure legality for transfer under Federal, State and local laws. The furnishing of this information is mandatory (26 U.S.C. § 5812).

The estimated average burden associated with this collection of information is 3.78 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestion for reducing this burden should be addressed to Reports Management Officer, Information Technology Coordination Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

ATF Form 4 (5320.4)
Revised September 2019

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(When forms are filled out)

2020290291



10/8/2020

Examiner: KHINZMAN

CAROLINA GUNRUNNERS LLC

1141 FALLS RIVER AVENUE SUITE 110

RALEIGH, NC 27614

FORM 4

Trade Name: WILLIAMS

Fiche Number: 20-140-0501

SN: OMG65910

Additional Control # (if available):

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(When forms are filled out)

v2.0

Carolina Gunrunners

1141 Falls River Ave Suite 110

Raleigh, NC, 27614

919-803-4605

info@carolinagunrunners.com, www.carolinagunrunners.com

RECEIPT NO: 115120

| | | | |
|---------------|----------|------------|------------|
| Sale Type | | STANDARD | |
| Sale Status | COMPLETE | Reg | POS-2 |
| Purchase Date | | 5/5/2020 | 2:08:55 PM |
| Clerk ID | 66 | Close Date | 5/5/2020 |

Customer Info: Jason Anthony Williams

Customer No: 11701 Company:
Address: 5016 Wynneford Way
Suite/Apt:
City: Raleigh State: NC Zip: 27614
Home: 919-889-7464 Work: - - Cell:

Ship To:

Customer No: 0 Company:
Address:
Suite/Apt:
City: State: Zip:
Home: Work: Cell:

Purchase Summary

| PI* | Part No | Description | Serial No: | Qty | Unit Price | % Disc. | Disc. | SubTotal | Tax |
|-----|------------------|--------------------------------------|------------|-----|------------|---------|--------|------------|------|
| SN | SU2281 | SILENCERCO OMEGA 300 BLK | OMG-65910 | 1 | \$889.99 | 0 | \$0.00 | \$889.99 | 7.25 |
| SN | PMCX-300B-9B-TAP | SIG SAUER MCX VIRTUS 300BO 9" GRAY | 63F037208 | 1 | \$1,979.99 | 0 | \$0.00 | \$1,979.99 | 7.25 |
| S | SSIG-FBS-R0BT-00 | TROY FLDNG REAR BATTLE SIGHT BLK | | 1 | \$109.99 | 0 | \$0.00 | \$109.99 | 7.25 |
| S | SSIG-FBS-FMBT-00 | TROY FLDNG M4 FRONT BATTLE SIGHT BLK | | 1 | \$99.99 | 0 | \$0.00 | \$99.99 | 7.25 |
| S | E300A2-20 | Sig Sauer 300Blk Subsonic 220gr | | 1 | \$24.99 | 0 | \$0.00 | \$24.99 | 7.25 |
| S | E300A2-20 | Sig Sauer 300Blk Subsonic 220gr | | 1 | \$24.99 | 0 | \$0.00 | \$24.99 | 7.25 |

Payment Summary

| Tender Type | Pay Date | Amt. Tendered | Amt. Paid | Change | Approval #/Other Info | Tender No. | Exp. Date |
|-------------|----------|---------------|------------|--------|-----------------------|------------|-----------|
| Credit Card | 5/5/2020 | \$3,356.85 | \$3,356.85 | \$0.00 | Manual | XX0000 | / |

Receipt Summary

| | | | |
|---|--|---------------------|------------|
| Event Name: <i>JWILLIAMS@PRTITECH.COM</i> | | SUBTOTAL (UnTaxed): | \$0.00 |
| | | SUBTOTAL (Taxed): | \$3,129.94 |
| | | Receipt Discount: | \$0.00 |
| | | TAX: | \$226.91 |

Payment Completely Satisfied. Balance: \$ 0.00

NICS No: NC223187 NICS Status: PROCEED
Tracking Number: L53-42, L52-562

RECEIPT TOTAL: \$3,356.85
TOTAL TENDERED: \$3,356.85
CHANGE DUE \$0.00
CHANGE TYPE: NONE

Comments

Fee Comment: *Customer took muzzle broke on 5-10-2020 JWP*
Void Reason

Receipt Disclaimer

All Sales are Final

Have a Nice Day!

Date/Time Printed: 5/5/2020 2:31:18 PM

ORIGINAL

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